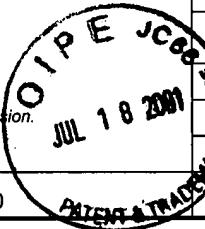


# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.



Complete if Known

Application Number 09/780,675  
Filing Date February 12, 2001  
Inventor Named Inventor Nicholas C. Nicolaides  
Examiner Name TBA  
Group / Art Unit 1641  
Attorney Docket No. 01107.00098

RECEIVED

JUL 20 2001

TECH CENTER 1600/2900

TOTAL AMOUNT OF PAYMENT (\$ ) 0

| METHOD OF PAYMENT (check one)  |                       |                       |                 | FEE CALCULATION (continued)   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
|--|-----------------------|-----------------------|-----------------|---|-----------------|----------------|-----------------|-----------------|-----------------------|-----------------------|-----------------|----------|-----|--------------------|-----|-----|-----|-----|-----|-------------------|----|-----|-----|-----|-----|------------------|--|-----|-------|-----|-------|--------------------|-----|------|-----|------|----|------------------------|--------|---|--------|--|-----|--------------|--------------|----------------|----------|------|-----|-----|-----|-----|-----|-----|-----|--------------------|--|-----|-------|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|-----|------------------------|-----|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|-----|-------|-----|-------|----|--|-----|-----|----|-----|-----|--|-----|-----|--|-----|-------|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|----|-----|----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|-----|-----|-----|-----|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 19-0733</p> <p>Deposit Account Name Banner &amp; Witcoff Ltd.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>   |                       |                       |                 | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr> <tr><td>123</td><td>130</td><td>123</td><td>130</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr> </tbody> </table> <p>Other fee (specify) Examiner is authorized to charge any fee's associated with the filing of this paper to our deposit account 19-0733</p> <p>0</p> |                 |                |                 | Fee Code        | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130                | 205 | 65  |     | 127 | 50  | 227               | 25 |     | 139 | 130 | 139 | 130              |  | 147 | 2,520 | 147 | 2,520 |                    | 112 | 920* | 112 | 920* |    | 113                    | 1,840* | 113   | 1,840* |  | 115 | 110          | 215          | 55             |          | 116  | 390 | 216 | 195 |     | 117 | 890 | 217 | 445                |  | 118 | 1,390 | 218            | 695             |                | 128             | 1,890           | 228      | 945 |    | 119 | 310 | 219                    | 155 |     | 120 | 310 | 220 | 155                               |  | 121 | 270 | 221 | 135 |                                       | 138 | 1,510 | 138 | 1,510 |    | 140  | 110 | 240 | 55 |     | 141 | 1,240  | 241 | 620 |  | 142 | 1,240 | 242 | 620 |  | 143 | 440 | 243 | 220 |  | 144 | 600 | 244 | 300 |  | 122 | 130 | 122 | 130 |  | 123 | 130 | 123 | 130 |  | 126 | 180 | 126 | 180 |  | 581 | 40 | 581 | 40 |  | 146 | 710 | 246 | 355 |  | 149 | 710 | 249 | 355 |  | 179 | 710 | 279 | 355 |  | 169 | 900 | 169 | 900 |  |
| Fee Code   | Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 105  | 130                   | 205                   | 65              |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 127  | 50                    | 227                   | 25              |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 139  | 130                   | 139                   | 130             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 147  | 2,520                 | 147                   | 2,520           |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 112  | 920*                  | 112                   | 920*            |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 113  | 1,840*                | 113                   | 1,840*          |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 115  | 110                   | 215                   | 55              |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 116  | 390                   | 216                   | 195             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 117  | 890                   | 217                   | 445             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 118  | 1,390                 | 218                   | 695             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 128  | 1,890                 | 228                   | 945             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 119  | 310                   | 219                   | 155             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 120  | 310                   | 220                   | 155             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 121  | 270                   | 221                   | 135             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 138  | 1,510                 | 138                   | 1,510           |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 140  | 110                   | 240                   | 55              |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 141  | 1,240                 | 241                   | 620             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 142  | 1,240                 | 242                   | 620             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 143  | 440                   | 243                   | 220             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 144  | 600                   | 244                   | 300             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 122  | 130                   | 122                   | 130             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 123  | 130                   | 123                   | 130             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 126  | 180                   | 126                   | 180             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 581  | 40                    | 581                   | 40              |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 146  | 710                   | 246                   | 355             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 149  | 710                   | 249                   | 355             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 179  | 710                   | 279                   | 355             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 169  | 900                   | 169                   | 900             |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <p>1. BASIC FILING FEE</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table> <p>SUBTOTAL (1) (\$ ) 0</p> |                       |                       |                 | Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid              | 101                   | 710             | 201      | 355 | Utility filing fee |     | 106 | 320 | 206 | 160 | Design filing fee |    | 107 | 490 | 207 | 245 | Plant filing fee |  | 108 | 710   | 208 | 355   | Reissue filing fee |     | 114  | 150 | 214  | 75 | Provisional filing fee |        | <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>0</td> <td>X</td> <td>0</td> </tr> <tr> <td>3**</td> <td>0</td> <td>X</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td>X</td> <td>0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p>SUBTOTAL (2) (\$ ) 0</p> |        |  |     | Total Claims | Extra Claims | Fee from below | Fee Paid | 20** | 0   | X   | 0   | 3** | 0   | X   | 0   | Multiple Dependent |  | X   | 0     | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9   | Claims in excess of 20 |     | 102 | 80  | 202 | 40  | Independent claims in excess of 3 |  | 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid |     | 109   | 80  | 209   | 40 | ** Reissue independent claims over original patent |     | 110 | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$) | Fee Description   | Fee Paid        |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 101  | 710                   | 201                   | 355             | Utility filing fee  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 106  | 320                   | 206                   | 160             | Design filing fee   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 107  | 490                   | 207                   | 245             | Plant filing fee  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 108  | 710                   | 208                   | 355             | Reissue filing fee  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 114  | 150                   | 214                   | 75              | Provisional filing fee  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Total Claims   | Extra Claims          | Fee from below        | Fee Paid        |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 20**   | 0                     | X                     | 0               |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 3**  | 0                     | X                     | 0               |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Multiple Dependent   |                       | X                     | 0               |   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| Large Fee Code   | Entity Fee (\$)       | Small Fee Code        | Entity Fee (\$) | Fee Description   | Fee Paid        |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 103  | 18                    | 203                   | 9               | Claims in excess of 20  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 102  | 80                    | 202                   | 40              | Independent claims in excess of 3   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 104  | 270                   | 204                   | 135             | Multiple dependent claim, if not paid   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 109  | 80                    | 209                   | 40              | ** Reissue independent claims over original patent  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| 110  | 18                    | 210                   | 9               | ** Reissue claims in excess of 20 and over original patent  |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |
| <p>**or number previously paid, if greater; For Reissues, see above</p>  |                       |                       |                 | <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ ) 0</p>   |                 |                |                 |                 |                       |                       |                 |          |     |                    |     |     |     |     |     |                   |    |     |     |     |     |                  |  |     |       |     |       |                    |     |      |     |      |    |                        |        |   |        |  |     |              |              |                |          |      |     |     |     |     |     |     |     |                    |  |     |       |                |                 |                |                 |                 |          |     |    |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |     |       |     |       |    |  |     |     |    |     |     |  |     |     |  |     |       |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |    |     |    |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |     |     |     |     |  |

| SUBMITTED BY      |                |                                  |        | Complete (if applicable) |               |
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